

# ORHQN Network Meeting

Thursday, October 8th  
Portland, OR

## Trustee Best Practices and Use of RPM

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# Outline

## **PMI News**


## **ORHQN Use of RPM**

## **Trustee Best Practices and Use of RPM**

- What do the Best Boards Do and How Do they Do it?
- Six Things That Boards Can Do
- How RPM Brings It All Together

## **ORHQN Benchmarks**

# PMI News

- Scanning Process In-sourced: January 1, 2010
- New Analyst: October 12th
- New Indicator Detail Report *(Thanks Good Shepherd!)*
- Healthland Analytics
- Data Extraction Capabilities
- Federal Office Rural Relevant Measure (ED) Project
-  **EDManage<sup>+</sup>**
- Ohio Quality Improvement Project (34 CAHs)

# ORHQN Vision for RPM

**Initial Interest:** Benchmarking System

**Adjunct:** Use RPM to Support Quality Projects

**Real Value:** Hospital Performance Monitoring System

**How Will ORHQN Know It Has Achieved Its Vision:**

- 100% RPM Adoption
- Timely and Accurate Reporting
- **Demonstrable Results** (Hint: HRSA Competitive Grants)

**Action Steps/Milestones/Opportunities**

- Site Visits/Optimizations by PMI Staff
- Monthly Webinars linked to PIC Meetings Using Case Studies
- PIC Quality Improvement Project Design and Implementation



# Hospital Trustee Best Practices



**Boards can make a difference, but boards themselves can not make it happen; they can only create the climate and culture to increase the probability quality happens, is nurtured, celebrated and continuously refined.**

Boards Matter for a Culture of Quality and Safety



# Safety Hazard Probabilities

(Events per million opportunities)

- Acquiring HIV from 1 unit of transfused blood 0.7
- All heads on 20 coin tosses 1.0
- Death of commercial airline passenger 2.4
- Death from general anesthesia 7.5
- Death from motor vehicle 187
- Preventable hospital deaths 208

**Do We Have a Problem?**

... Pay for Performance



# High Performing Hospital Boards

## Outcomes are better in hospitals where:

- The board spends >25% of its time on quality and safety.
- The board receives a **formal quality measurement report**.
- There is a high level of interaction between the board and medical staff on quality strategy.
- Senior executive compensation is based in part on quality and safety performance.
- The CEO is identified as the person with the greatest impact on QI, especially when so identified by the QI executive.

Vaughn T, Koepke M, Kroch E, et al. *Journal of Patient Safety*. 2006; 2:2-9



# High Performing Hospital Boards

- Hospital governing boards that have a single committee that focuses exclusively or primarily on **quality** were found to be more likely to adopt various oversight practices and to have better clinical outcomes.
- Only 60% of the responding hospital CEO's confirmed the presence of a board Quality Committee...

Jiang, Lockee, Bass, Fraser 2008

## Vermont CAH Example



# High Performing Hospital Boards

## A Hospital Board Quality Committee that reduces harm

- Meets monthly, reviewing all **trends** and patterns, nothing held back;
- Welcomes patients and families;
- Starts every meeting with a harm event story (5 minutes);
- Reviews the **data** on the question “Are we on track to achieve our quality and safety aims?”;
- Is accountable to each other: attendance, learning and active engagement are expected; and
- Review policy recommendations from MEC and administration.



# IHI: Getting the Board on Board

## Six Things You Can Do Right Away

1. Set a specific aim to reduce harm this year and make an explicit, public commitment to **measurable** quality improvement (e.g., reduction in unnecessary mortality or harm).
2. Select and review progress toward safer care as the first agenda item at every board meeting.
  - Get data on harms and hear stories; put a “human face” on data.
3. Establish and monitor a small number of **organization-wide “roll-up” measures** that are updated continually and are transparent to the entire organization and its customers.

IHI 5 Million Lives Campaign



# IHI: Getting the Board on Board

## Six Things You Can Do Right Away

4. Commit to establish and maintain an environment that is respectful, fair, and just for all who experience pain and loss from avoidable harm.
  - Patients, their families, and staff at the sharp end of error
5. Develop the capability of the board.
  - Learn how the “best in the world” boards work with executive and MD leaders to reduce harm.
  - Set an expectation for similar levels of education/training for all staff.
6. Oversee the effective execution of a plan to achieve the board’s aims to reduce harm, including executive team accountability for clear quality improvement **targets**.

IHI 5 Million Lives Campaign



# How Boards Can Use RPM



“...dashboards are generally used to create general awareness rather than used to guide operations and performance management...**Greater hospital quality was linked to shorter, more focused dashboards, active use of dashboards for management, and strong influence of board quality committees in dashboard content and implementation.**”

Kroch et al., Journal of Patient Safety 2 (1) 10-19, March 2006



# RPM Board Report

The Best Boards:

Aim High

“Our aim is to achieve zero central line infections”

Aim Broad

“...for the entire system, across all services”

Take Dead Aim

“...August 27, 2009”.

PMI Hospital Board Report for Hospital Second Quarter (Apr-Jun 2009) and Prior Quarter (Jan-Mar 2009)						
Finance	Prior	Current	Trend	Target	Frequency	Six-Month Trend
<b>Operating Expense per Adjusted Patient Day</b> Measures the average operating expense of an adjusted acute patient day	\$2,138	\$1,962	▼	\$3,100	Monthly	
<b>Net Revenue Increase</b> Measures the percentage growth in Net Patient Revenue relative to a prior period	-3.1%	-0.7%	▲	4.0%	Monthly	
<b>Operating Profit Margin</b> Measures the surplus (deficit) of operating revenues compared to operating expenses	7.8%	7.2%	▼	9.0%	Monthly	
<b>Salary and Benefit Expense</b> Measures the percentage of expenses related to employee salaries and fringe benefits relative to total operating expenses	58.4%	53.8%	▼	50.0%	Monthly	
<b>Days Cash on Hand</b> Measures the number of days cash is available to the hospital based on the hospital's average daily operating expenses	117.1	118.7	▲	50.0	Monthly	
Clinical and Business Processes						
HF Topic (All Or None)	Prior	Current	Trend	Target	Frequency	Six-Month Trend
Measures the percentage of patients meeting all eligible measures for the Congestive Heart Failure (CHF) area	80%	50%	▼	100%	Monthly	
<b>PN Topic (All Or None)</b> Measures the percentage of patients meeting all eligible measures for the Pneumonia (PN) topic area	71%	100%	▲	100%	Monthly	
<b>Days in Net Accounts Receivable</b> Measures the rate of speed with which the hospital is paid for health care services	53.3	54.2	▲	5.0	Monthly	
<b>Days in Gross Unbilled Accounts Receivable</b> Measures the rate of speed with which the hospital is paid for health care services	5.9	4.2	▼	8.0	Monthly	
<b>Medication Error Rate</b> Measures the number of reported medication errors per 1,000 doses dispensed	0.1	0.1	▶	2.0	Monthly	
<b>Bad Debt Expense</b> Measures the percentage of total expenses that are written off due to patients' inability/unwillingness to pay	7.9%	8.6%	▲	5.0%	Monthly	
Community and Providers						
Patient Satisfaction Index	Prior	Current	Trend	Target	Frequency	Six-Month Trend
Measures the satisfaction of patient respondents (ED, IP and OP)	86%	88%	▲	85%	Quarterly	
<b>Time to Treating Provider (ED)</b> Measures the speed (in minutes) with which the patient receives care from the treating provider/physician in the Emergency Department	25.8	27.0	▲	16.0	Monthly	
Learning and Growth						
Access to Training	Prior	Current	Trend	Target	Frequency	Six-Month Trend
Measures the perception of training access of clinical and non-clinical staff respondents	45%	45%	▶	65%	Quarterly	
<b>Training Expense per FTE</b> Measures the amount of staff training investment in dollars per FTE	\$37	\$37	▶	\$15	Monthly	
<b>Staff Engagement Index</b> Measures the engagement of clinical and non-clinical staff respondents	49%	49%	▶	75%	Biannually	
<b>Staff Loyalty Index</b> Measures the loyalty of clinical and non-clinical staff respondents	59%	59%	▶	75%	Biannually	
<b>Turnover: Staff</b> Measures the percentage of employees separated from the hospital for any reason. Separation includes voluntary resignations, layoffs and firings	0.2%	0.0%	▼	3.0%	Monthly	

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**How to Interpret This Report**

- Red = Below Target or Declining
- Black = On Target or Stable
- Green = Above Target or Improving
- ▼ = Absolute Value Decreasing
- ▶ = Absolute Value The Same
- ▲ = Absolute Value Increasing

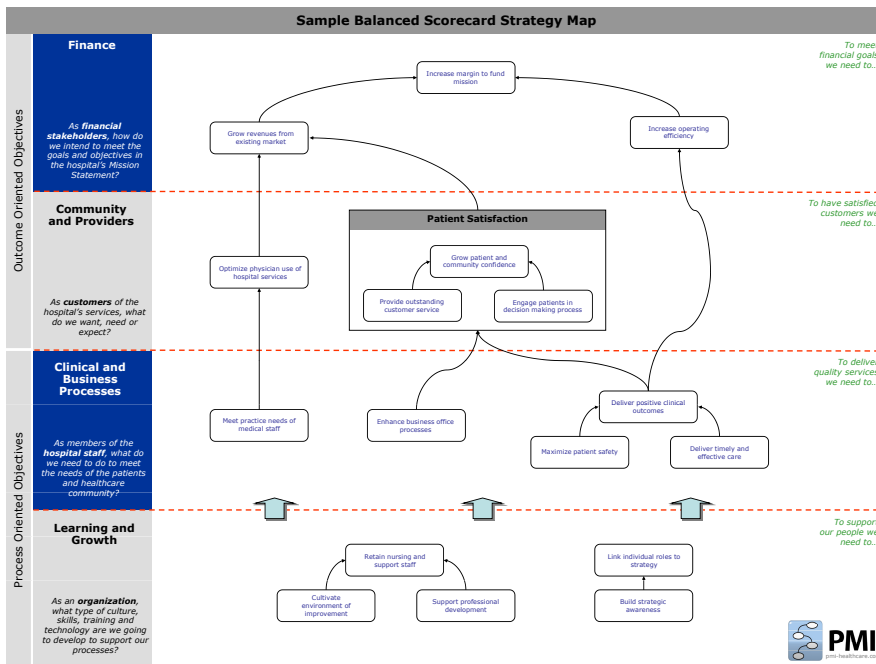


# Sample Quality & Safety Report

## Vermont CAH Example



# Using Strategy to Select Appropriate Indicators



**StratMap**



Mission - Vision - Objectives - **Indicators** - Targets - Initiatives



# ORHQN Benchmarks

# Network Benchmarks

## ORHQ

### Hospital Summary Report

(Q3/2008 - Q2/2009)

Clinical and Business Processes	Network Aggregate Scores				Most Recent Quarter		
	2008Q3	2008Q4	2009Q1	2009Q2	Network Target	Network Median	All Hospital Median
Bad Debt Expense	5.5%	6.4%	7.1%	6.0%	7.0%	6.8%	6.9%
Bad Debt Percentage	4%	5%	5%	4%	5%	4%	4%
ED Wait Time	6.0	6.8	12.6	9.9	15.0	9.2	5.8
HF Topic (All Or None) Calculated	53%	67%	51%	53%	100%	57%	67%
HF Topic (All-or-None)	44%	67%	50%	84%	100%	84%	97%
Patient Fall Rate (IP)	5.2	5.9	4.9	4.1	2.0	3.4	2.9
PN Topic (All Or None) Calculated	72%	67%	72%	69%	100%	66%	78%
PN Topic (All-or-None)	88%	87%	82%	73%	100%	73%	76%
SCIP Topic (All Or None) Calculated	47%	68%	65%	42%	100%	42%	85%
SCIP Topic (All-or-None)	<i>md</i>	<i>md</i>	100%	50%	100%	50%	75%
<b>Community and Providers</b>	<b>2008Q3</b>	<b>2008Q4</b>	<b>2009Q1</b>	<b>2009Q2</b>	<b>Network Target</b>	<b>Network Median</b>	<b>All Hospital Median</b>
HCAHPS: Would you recommend . . .?	65.4%	75.8%	69.4%	<i>md</i>	80.0%	<i>md</i>	<i>md</i>
Other IP: Would you recommend . . .?	59%	54%	63%	71%	90%	71%	<i>md</i>
RPM IP: Would you recommend . . .?	83%	84%	86%	85%	80%	80%	86%
Time to Treating Provider (ED)	27.9	24.3	24.5	23.6	7.0	16.6	26.0
<b>Learning and Growth</b>	<b>2008Q3</b>	<b>2008Q4</b>	<b>2009Q1</b>	<b>2009Q2</b>	<b>Network Target</b>	<b>Network Median</b>	<b>All Hospital Median</b>
Turnover: Nursing Staff	3.0%	3.0%	4.1%	2.7%	4.0%	2.5%	2.6%
Turnover: Staff	4.2%	3.4%	3.8%	4.1%	4.0%	3.3%	2.7%



# Network Benchmarks

PN Topic (All Or None) Calculated	2008Q3	2008Q4	2009Q1	2009Q2	Hospital Target	2009Q2 Network Rank
1 Blue Mountain Hospital	67%	75%	43%	40%	100%	8
2 Columbia Memorial Hospital	63%	67%	53%	54%	<i>md</i>	7
3 Coquille Valley Hospital	100%	50%	85%	62%	100%	6
4 Cottage Grove Community Hospital	<i>i</i>	<i>i</i>	<i>i</i>	<i>i</i>	<i>i</i>	
5 Curry General Hospital	<i>i</i>	<i>i</i>	<i>i</i>	<i>i</i>	<i>i</i>	
6 Good Shepherd Healthcare System	58%	54%	71%	77%	75%	3
7 Grande Ronde Hospital	59%	73%	63%	63%	100%	5
8 Harney District Hospital	<i>i</i>	<i>i</i>	<i>i</i>	<i>i</i>	<i>i</i>	
9 Lake District Hospital	67%	75%	100%	100%	<i>md</i>	1
10 Lower Umpqua Hospital District	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	100%	
11 Mountain View Hospital District	83%	88%	81%	<i>md</i>	100%	
12 Pioneer Memorial Hospital (Heppner)	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	100%	
13 Pioneer Memorial Hospital (Prineville)	83%	56%	88%	<i>md</i>	84%	
14 Samaritan Lebanon Community Hospital	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	
15 Samaritan North Lincoln Hospital	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	
16 Samaritan Pacific Communities Hospital	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	
17 Southern Coos Hospital	<i>md</i>	<i>md</i>	86%	70%	100%	4
18 Wallowa Memorial Hospital	67%	57%	50%	<i>md</i>	100%	
19 West Valley Hospital	<i>md</i>	73%	75%	80%	<i>md</i>	2

PN Topic (All-or-None)	2008Q3	2008Q4	2009Q1	2009Q2	Hospital Target	2009Q2 Network Rank
4 Cottage Grove Community Hospital	75%	73%	78%	76%	95%	1
17 Southern Coos Hospital	100%	100%	86%	70%	100%	2



# Network Benchmarks

National Average: 29 minutes

## Time to Treating Provider (ED)

Wallowa Memorial Hospital  
June 2009 – Fiscal Year Starting July

**June Value:** 23.6  
**Perspective:** Community and Providers  
**Objective:** Provide outstanding customer service  
**Description:** Measures the speed (in minutes) with which the patient receives care from the treating provider/physician in the Emergency Department  
**Hospital Target:** 22.0  
**Interpretation:** Lower value reflects greater speed in access to treating providers/physicians in the Emergency Department.

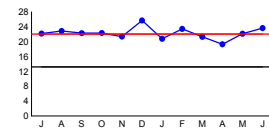
### Performance Matrix

The Performance Matrix displays current and historical data for the Time to Treating Provider (ED) indicator. For June 2009, the Time to Treating Provider (ED) value is 23.6. **Monthly** displays the single data point for June. **Calendar QTD** displays the average value between the first month of the calendar quarter and June. **Fiscal YTD** displays the cumulative or average score between the first month of the fiscal year and June.

	Actual	Target	Prior Year
Monthly	23.6	22.0	19.2
Calendar QTD	21.7	22.0	19.4
Fiscal YTD	22.3	22.0	19.4

### Trend Analysis

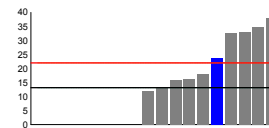
The Trend Analysis displays data points of the Time to Treating Provider (ED) indicator over the prior 12 months. The **blue** trend line displays Wallowa Memorial Hospital performance. The **red** line displays the hospital-defined target. The **black** line displays the user-defined peer group mean performance for June 2009.



Peer Mean = 13.2  
Target = 22.0

### Benchmark Analysis

The Benchmark Analysis displays comparative data for the Time to Treating Provider (ED) indicator for June 2009. The **blue** bar displays Wallowa Memorial Hospital. The grey bars display individual peer hospitals. The **red** line displays the hospital-defined target. The **black** line displays the user-defined peer group mean performance for June.



June 2009 = 23.6  
Peer Mean = 13.2  
Target = 22.0

**Report Specifications:** Department: Hospital; Designation: All; Network: ORHQ; ADC: All; LTC: All; Revenue: All

### How to Interpret this Report

This report contains data calculated by the RPM website for the selected indicator and the user-defined date range. Computed values are based on the data entered by the hospital. **Red** scores indicate performance below the hospital-defined target. **Black** scores indicate performance within the hospital-defined target range. **Green** scores indicate performance above the hospital-defined target. Comparative data originates from RPM database containing performance data for other healthcare organizations subscribed to the RPM program.

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# Network Benchmarks

National Average: 29 minutes

Time to Treating Provider (ED)	2008Q3	2008Q4	2009Q1	2009Q2	Hospital Target	2009Q2 Network Rank
1 Blue Mountain Hospital	32.3	26.5	23.1	15.6	30.0	6
2 Columbia Memorial Hospital	47.8	29.9	23.1	17.2	<i>md</i>	9
3 Coquille Valley Hospital	21.2	5.0	11.5	13.2	16.0	4
4 Cottage Grove Community Hospital	44.0	35.2	36.0	37.1	13.0	12
5 Curry General Hospital	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	16.0	
6 Good Shepherd Healthcare System	<i>md</i>	<i>md</i>	<i>md</i>	0.0	<i>md</i>	1
7 Grande Ronde Hospital	24.0	12.2	0.1	3.1	20.0	2
8 Harney District Hospital	10.7	20.6	10.5	12.6	12.0	3
9 Lake District Hospital	40.4	45.2	60.0	87.0	<i>md</i>	14
10 Lower Umpqua Hospital District	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	25.0	
11 Mountain View Hospital District	28.5	24.1	33.6	33.8	20.0	11
12 Pioneer Memorial Hospital (Heppner)	9.3	18.8	16.5	17.2	15.0	8
13 Pioneer Memorial Hospital (Prineville)	15.5	15.7	16.4	16.0	15.0	7
14 Samaritan Lebanon Community Hospital	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	
15 Samaritan North Lincoln Hospital	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	
16 Samaritan Pacific Communities Hospital	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	<i>md</i>	
17 Southern Coos Hospital	25.2	14.4	19.5	14.5	5.0	5
18 Wallowa Memorial Hospital	22.4	23.1	21.8	21.7	20.0	10
19 West Valley Hospital	41.1	45.7	46.1	41.6	<i>md</i>	13

Wouldn't it be great if ORHQN could set a target for a quality indicator and then design a network-wide project to achieve that target?

